

## Arizona Department of Agriculture

## Office of Pest Management

1688 W. Adams Street, Phoenix, Arizona 85007 (602) 542-3578 FAX (602) 542-0466 www.azda.gov

## **Change in Business Licensee Entity Application**

Fee Schedule: NO FEE REQUIRED

Business Licensee: (Please print clearly or type)  Current Entity Name:    City:   State:   ZIP:		CURRENT	FENTITY - SELECT ONLY ON	<u>E:</u>	
Justiness Licensee: (Please print clearly or type)  Furrent Entity Name:	■ SOLE PROPRIETOR	■ PARTNERSHIP	CORPORATION	■ STATE	■ SCHOOL DISTRICT
trurent Entity Name:    failing Address:	□ LIMITED	LIABILITY COMPANY	■ POLITICAL SUBDIVISION	☐ FEDERAL	AGENCY
Mailing Address: City: State: ZIP: Physical Address: State: ZIP: Physical Address: State: ZIP: Physical Address: City: State: ZIP: Physical Address: PARTNERSHIP CORPORATION STATE SCHOOL DISTRICE PROPRIETOR PARTNERSHIP CORPORATION STATE SCHOOL DISTRICE PROPRIETOR PARTNERSHIP POLITICAL SUBDIVISION FEDERAL AGENCY  State: ZIP: Physical Address: Partnership	Business Licensee: (Please	print clearly or type)			
Mailing Address: City: State: ZIP: Physical Address: City: State: ZIP: Chemical Storage Address: City: State: ZIP: Chemical Storage Address: City: State: ZIP: Chemical Storage Address: City: State: ZIP: ZIP: State: ZIP: ZIP: State: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP	Current Entity Name:				
Business Information: Business Name: Business License #: Telephone Fax Mailing Address: City: State: ZIP: Physical Address: City: State: ZIP: Chemical Storage Address: PARTNERSHIP CORPORATION STATE SCHOOL DISTRICE CHEMITED LIABILITY COMPANY POLITICAL SUBDIVISION FEDERAL AGENCY  WEW Entity Name: Reason for Change in Ownership Entity: Chis application is for Business Licensee Entity Changes only; Business License Name Changes must be submitted the appropriate application. Applicants requesting to become a Sole Proprietor or Partnership must submit copy of Register and Name Certificate confirming that the Ownership Entity has registered the Business Name. Applicants requesting to be Limited Liability Company or Corporation must submit the Arizona Corporation Commission Approved Articles of Incorporation. Financial Security must be held in the name as registered with the OPM. Qualifying Party registration is his calendar year shall expire May 31st of each year except that a new Business License and Qualifying Party registration is his calendar year shall expire May 31st of the following year.  By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.	Mailing Address:		City:	State:	ZIP:
Business Information:  Business Name:  Business License #: Telephone Fax  Mailing Address: City: State: ZIP:  Chemical Storage Address: PARTNERSHIP CORPORATION STATE SCHOOL DISTRICE  LIMITED LIABILITY COMPANY POLITICAL SUBDIVISION FEDERAL AGENCY  Bew Entity Name:  Beason for Change in Ownership Entity:  Chis application is for Business Licensee Entity Changes only; Business License Name Changes must be submitted the appropriate application. Applicants requesting to become a Sole Proprietor or Partnership must submit copy of Regis rade Name Certificate confirming that the Ownership Entity has registered the Business Name. Applicants requesting to be Limited Liability Company or Corporation must submit the Arizona Corporation Commission Approved Articles of lorganiz LiC.) or Articles of Incorporation. Financial Security must be held in the name as registered with the OPM. Qualifying Party Business Licenses expire on May 31st of each year except that a new Business License and Qualifying Party registration is nic calendar year shall expire May 31st of the following year.  By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.	Physical Address:		City:	State:	ZIP:
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Adding Address: City: State: ZIP:  NEW ENTITY - SELECT ONLY ONE:  BOLE PROPRIETOR PARTNERSHIP CORPORATION STATE SCHOOL DISTRICE  LIMITED LIABILITY COMPANY POLITICAL SUBDIVISION FEDERAL AGENCY  AGENC	Business Information:				
Address: City: State: ZIP: Chemical Storage Address: City: State: ZIP: Chemical State: ZIP: City:	Business Name:				
City: State: ZIP: Chemical Storage Address: City: Company or Company or Partnership Chemical Storage Address: City: Company or Company or Company or Comporation Company or Comporation Company or Comporation Company Company or Comporation Company Company or Comporation Company C	Business License #:	Teleph	one	Fax	
City: State: ZIP:	Mailing Address:		City:	State	: ZIP:
NEW ENTITY - SELECT ONLY ONE:  SOLE PROPRIETOR PARTNERSHIP CORPORATION STATE SCHOOL DISTRICE LIMITED LIABILITY COMPANY POLITICAL SUBDIVISION FEDERAL AGENCY  New Entity Name:  Reason for Change in Ownership Entity:  This application is for Business Licensee Entity Changes only; Business License Name Changes must be submitted the appropriate application. Applicants requesting to become a Sole Proprietor or Partnership must submit copy of Regist Trade Name Certificate confirming that the Ownership Entity has registered the Business Name. Applicants requesting to be a Limited Liability Company or Corporation must submit the Arizona Corporation Commission Approved Articles of Organiz LLC.) or Articles of Incorporation. Financial Security must be held in the name as registered with the OPM. Qualifying Party Susiness Licenses expire on May 31st of each year except that a new Business License and Qualifying Party registration is his calendar year shall expire May 31st of the following year.  By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.	Physical Address:		City:	State:	: ZIP:
SOLE PROPRIETOR PARTNERSHIP CORPORATION STATE SCHOOL DISTRICE  LIMITED LIABILITY COMPANY POLITICAL SUBDIVISION FEDERAL AGENCY  Lew Entity Name:  Leason for Change in Ownership Entity:  Leason for Change in Ownership Entity:  Limited Liability Company or Corporation must submit the Arizona Corporation Commission Applicants requesting to become a Sole Proprietor or Partnership must submit copy of Regis rade Name Certificate confirming that the Ownership Entity has registered the Business Name. Applicants requesting to become Limited Liability Company or Corporation must submit the Arizona Corporation Commission Approved Articles of Organiz LLC.) or Articles of Incorporation. Financial Security must be held in the name as registered with the OPM. Qualifying Party susiness Licenses expire on May 31st of each year except that a new Business License and Qualifying Party registration is nis calendar year shall expire May 31st of the following year.  By signing this application, I affirm that I have read and understand the information contained herein and littest that all information provided is true and correct.	Chemical Storage Address:		City:	State:	ZIP:
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APPLICANT SIGNATURE: DATF:				information co	ntained herein and
*Authorized Signature of – Sole Proprietor, Managing Partner, or Corporate Officer only)	APPLICANT SIGNATURE:			D	ATE: